

AMENDMENTS TO THE CLAIMS

The listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) In a server system that communicates with a client system associated with a physician and is adapted to facilitate processing of an insurance claim, a method of delivering a supporting document to a carrier to enable the carrier to process an insurance claim, the method comprising the acts of:

receiving an insurance claim from the client system;

accessing a database having data indicative of supporting documents associated with insurance claims that are received from the client system;

identifying a supporting document needed to process the insurance claim from the database based on the insurance claim received from the client system;

receiving [[a]] an electronic image of the supporting document associated with the insurance claim in an electronic format from the client system;

storing an electronic image of the supporting document; and

notifying the carrier that the electronic image is available via a web server associated with the server system; and

receiving an access request from the carrier for the electronic image of the supporting document, so as to enable the carrier to access the electronic image and process the insurance claim.

2. (Original) A method as recited in claim 1, further comprising the act of transmitting information to the client system that causes the client system to prompt a user of the client system to submit the supporting document associated with an insurance claim.

3. (Original) A method as recited in claim 1, further comprising the act of determining whether the insurance claim is eligible for advance payment.

4. (Original) A method as recited in claim 3, wherein the act of determining whether the insurance claim is eligible for advance payment comprises:

determining whether the treatment information corresponds to health care services that are approved for payment; and

determining whether the patient is an approved beneficiary of the carrier.

5. (Original) A method as recited in claim 1, further comprising the acts of:

transmitting claim information associated with the insurance claim to a payment entity, wherein, upon receiving the claim information, the payment entity advances money to the client system prior to the carrier making payment on the insurance claim; and

transmitting the insurance claim to the carrier, wherein, upon receiving the insurance claim, the carrier makes payment on the insurance claim to the payment entity, thereby paying for the money advanced to the client system.

6. (Original) A method as recited in claim 1, wherein the act of notifying the carrier comprises the act of delivering an access credential to the carrier, the access credential being patient specific.

7. (Original) A method as recited in claim 6, wherein the access credential is unique to the carrier.

8. (Original) A method as recited in claim 1, further comprising the act of, upon receiving a request from the carrier, transmitting the electronic image of the supporting document to the carrier.

9. (Currently Amended) A method as recited in claim 1, wherein identifying a supporting document further comprises comprising the act of transmitting a request for the supporting document to the client system, wherein the supporting document is received by the server system in response to the request.

10. (Original) A method as recited in claim 9, further comprising the act of selecting the supporting document based on information included in the insurance claim, wherein the act of requesting the supporting document is performed after and in response to the act of selecting the supporting document.

11. (Original) A method as recited in claim 9, further comprising the act of notifying the client system that the insurance claim is eligible for advance payment, wherein the act of notifying is conducted prior to the act of transmitting the request for the supporting document.

12. (Original) A method as recited in claim 1, further comprising, prior to transmitting the insurance claim to the carrier, determining whether the insurance claim is in condition for payment.

13. (Original) A method as recited in claim 12, wherein it is determined that the insurance claim is not in condition for payment, the method further comprising the acts of:

prior to transmitting the insurance claim to the carrier, notifying the client system that the insurance claim is not in condition for payment; and

receiving an amended insurance claim from the client system in which one or more errors in the insurance claim have been corrected, such that the amended insurance claim is in condition for payment.

14. (Currently Amended) In a client system that is associated with a physician and communicates with a server system adapted to facilitate processing of an insurance claim, a method of providing a supporting document to the server system to enable a carrier associated with the insurance claim to process an insurance claim, the method comprising the acts of:

displaying an insurance claim form on the client system;

receiving, at the client system associated with the institutional health care provider, user input representing patient information, insurance information, and treatment information;

transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client system to the remote server computer;

accessing a supporting document database having a compilation of data indicative of supporting documents associated with insurance claims generated by the client system;

identifying a specified supporting document needed to process the insurance claim using the supporting document database;

prompting a user of the client system to provide [[a]] the specified supporting document in an electronic format, wherein the specified supporting document is required to process the insurance claim; and

transmitting the supporting document in the electronic format from the client system.

15. (Original) A method as recited in claim 14, further comprising the act of identifying the specified supporting document.

16. (Original) A method as recited in claim 15, wherein the act of identifying the specified supporting document comprises the act of receiving a request for the supporting document from the server system.

17. (Original) A method as recited in claim 14, further comprising the act of receiving data from a scanner associated with the client system, wherein the data from the

scanner represents the supporting document in the electronic format and is received in response to a paper copy of the document being scanned by the scanner.

18. (Original) A method as recited in claim 14, further comprising the act of receiving notification from the server system that the insurance claim is eligible for advance payment.

19. (Original) A method as recited in claim 14, wherein the act of transmitting the supporting document is conducted such that the carrier can process the insurance claim without any supporting documents being sent by mail.

20. (Original) A method as recited in claim 19, wherein the act of transmitting the supporting document is conducted such that the server system is capable of making an electronic image of the supporting document available to the carrier.

21. (Currently Amended) In a server system that communicates with a client system associated with a health care provider and is adapted to facilitate processing of an insurance claim, a method of delivering a supporting document to a carrier to enable the carrier to process an insurance claim and for advancing payment to the physician, the method comprising the acts of:

determining whether that an insurance claim for services rendered by the health care provider is in condition for payment; and

if it is determined that the insurance claim is in condition for payment, performing the acts of:

transmitting claim information associated with the insurance claim to a payment entity, such that the payment entity can advance money to the health care provider prior to the carrier making payment on the insurance claim;

generating a list of supporting documents needed to process the insurance claim based on the insurance claim, the list of supporting documents identified from a supporting document database having data indicative of supporting documents required for insurance claims submitted by a client system of the health care provider;

providing the list of supporting documents to the client system;

upon receiving [[a]] the supporting documents identified in the list of supporting documents and associated with the insurance claim in an electronic format from the client system, storing [n electronic image of the supporting documents; and

transmitting the insurance claim and a notice indicative of the availability of the electronic image to the carrier, such that the carrier can access the image, process the insurance claim, and make payment on the insurance claim to the payment entity, thereby paying for the advance payment previously made to the health care provider.

22. (Currently Amended) A method as recited in claim 21, wherein the act of determining whether that the insurance claim is in condition for payment comprises the act of determining whether a patient identified by the insurance claim is a beneficiary of the carrier.

23. (Currently Amended) A method as recited in claim 22, wherein the act of determining whether that the insurance claim is in condition for payment further comprises the act of determining whether treatment information identified by the insurance claim corresponds to health care services that are approved by the carrier.

24. (Original) A method as recited in claim 21, further comprising, if it is determined that the insurance claim is not in condition for payment, performing the acts of:

prior to transmitting the insurance claim to the carrier, notifying the client system that the insurance claim is not in condition for payment; and

receiving an amended insurance claim from the client system in which one or more errors in the insurance claim have been corrected, such that the amended insurance claim is in condition for payment.

25. (Original) A method as recited in claim 24, further comprising the act of transmitting a suggested revised treatment code that corresponds to the health care services rendered to the client system.